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appropriate. All further indicated unless correcte maintenance fee notifica	ed below or directed otl	ng the Patent, advance onerwise in Block 1, by (	rders and notification of a) specifying a new corr	maintenance fees espondence address	will be ; and/or	mailed to the current (b) indicating a sepa	correspondence address as trate "FEE ADDRESS" for
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CHICAGO, IL 6	50603-3406		(Depositor's name) (Signature)				
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R	АТТО	RNEY DOCKET NO.	CONFIRMATION NO.
10/763,761 01/23/2004			Andrew Halliday			67642	7547
TITLE OF INVENTION	·		T	- <b>-</b>			·
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300 T	\$0 ¬	<b>\$0</b>		01/14/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS	_			
ALEXANDER, REGINALD  1. Change of correspondence address or indication of "		1761	099-295000				
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AT PLEASE NOTE: Unla recordation as set forth (A) NAME OF ASSIG	ess an assignee is identi in 37 CFR 3.11. Comp		data will appear on the T a substitute for filing ar	patent. If an assign assignment.			ocument has been filed for
• •		(B) RESIDENCE: (CITY and STATE OR COUNTRY)  Germany					
Mait roots R & Dy 1110.							
Please check the appropriate assignee category or categories (will not be printed on the patent):							
4a. The following fee(s) are submitted:  Issue Fee  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 06-1135 (enclose an extra copy of this form).				
5. Change in Entity Stat	us (from status indicated s SMALL ENTITY statu	,	☐ b. Applicant is no los	nger claiming SMA	II ENIT	TTV status See 27 CE	CR 1.27(~)(2)
	Publication Fee (if requ	ired) will not be accented	from anyone other than				e assignee or other party in
Authorized Signature			Date January 14, 2008				
Typed or printed name	Joseph E.		Registration N	lo3	31,137		
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